(b) whether those areas have been democrated; and

(c) whether government would agree to promote cultivation of herbal plants in new areas?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) The Central Council for Research in Unani Medicine (CCRUM) and the Central Council for Research in Ayurveda and Siddha (CCRAS), working under the Ministry of Health and Family Welfare have carried out surveys in different forest regions of the country to ascertain the availability of various medicinal plants.

(b) and (c) The promotion of the cultivation of medicinal plants is one of the basic policy objectives of the Government. Medicinal plants of commerical importance have been indentified for cultivation in various agro climatic conditions. The National Medicinal Plants Boards has been implementing a Contractual Farming Scheme under which financial assistance is provided to Farmers/growers for the Cultivation of medicinal plants. The scheme is being implemented in all States and Union Territories of the country. The Department of Agriculture and Cooperation has launched a Centrally sponsored Scheme under the National Horticulture Mission (NHM) during the 10th Five Year Plan in which at the initiative of the National Medicinal Plants Board, the cultivation of medicinal plants have been included as one of the components from 2006-07.

Child deaths

1874. SHRI RAVULA CHANDRA SEKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that 10,000 kids dies in the country everyday and nothing is being done;

(b) if so, the details thereof;

(c) the reasons therefore;

(d) whether Government are seeing to it that the basic amenities are not privatized and children can avail of them free of cost, and

(e) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (e) No, Sir. As per the latest available data released

from the office of the Registrar General of India in 2006, which is the Sample Registration System (2004), the Infant Mortality Rate in the country is 58 per thousand live births. This means that 4,290 children under the age of one year die everyday. The Government has had special programmes to reduce the deaths of children since 1977. Currently, child health programmes are an integral part of the Reproductive and Child Health programme, which has been subsumed in the National Rural Health Mission (NRHM).

To achieve the goals of the NRHM, the Department of Health & Family Welfare is implementing the following programmes:

1. Universal Immunization Programme (UIP), where immunization of children is carried out against six vaccine preventable disease,
2. Control of deaths due to acute respiratory infections (ARI) and
3. Control of diarrhoeal diseases and
4. Provision of essential new-born care to address the issue of the neonates (infant for the first 28 days of life). Training of district hospital health personnel has been carried out in 140 districts by the Government of India with the assistance of the National Neonatology Forum.
5. Prevention and treatment of micronutrient deficiencies, namely Vitamin A and iron. The programme aims to decrease prevalence of Vitamin A and iron deficiency to levels at which they cease to be a public health problem. The activities undertaken are health and nutrition education, Vitamin A and iron supplementation, early detection and prompt treatment of vitamin A and iron deficiency and treatment of infections.
6. Exclusive breastfeeding for the first six months and the introduction of complementary feeding thereafter are promoted as breastfeeding has been found to be one of the most beneficial interventions for children.
7. Given the high prevalence rates of malnutrition in children emphasis is also being accorded to it's detection and management by all categories of health care workers.

8. **The Integrated Management of Neonatal and Childhood Illness** (IMNCI) strategy encompasses a range of interventions to prevent and manage the commonest five major newborn and childhood conditions which cause death-sepsis, low birth weight, Acute Respiratory Infections, Diarrhoea, Measles, Malaria and Malnutrition. It focuses on preventive, promotive and curative aspects, *i.e.* it gives a holistic outlook to the programme by ensuring enhancement of the skills of health care personnel, strengthening the health system and creating community participation. The Government of India has accepted the IMNCI strategy as a superior intervention and incorporated it in the log frame of the second phase of the Reproductive and Child Health (RCH) programme. It shall be implemented in at least 125 districts of the country.

Overall in RCH, child health is seen as a continuum of maternal care and interventions for maternal and child health are inextricably interlinked in implementation. All the amenities are provided free of cost to the population through the public health sector.

Ban on sale of Non-iodised salt

1875. SHRI MAHENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have decided to ban the sale of non-iodised salt in the country;

(b) if so, the details of the fresh order issued, if any, and the present status of its implementation;

(c) the details of consultations made, if any, with the medical fraternity, NGOs, etc. on the desirability or otherwise of the use of non-iodised salt; and

(d) a resume of the views expressed by the various experts/organizations, etc.?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) No, Sir. Vide notification GSR No. 670(E), dated 17.11.05, sale of non-iodised salt for human consumption only has been banned. Manufacture or sale of non-iodised salt for other purposes has not been banned.